

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**RECEIVED
CITY OF SAN ANTONIO
CLERK

The Instruction Guide explains how to complete this form.

.. Complete only if "Report Type" on page 1 is marked "Final Report" ..

2006 JUL 16 A 11:12

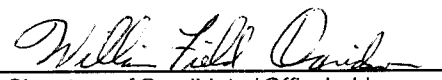
1 C/OH NAME

William Field Davidson

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER**

.. Complete A & B below only if you are a candidate ..

A. CAMPAIGN FUNDS

Check only one:

☒ I do not have unexpended contributions or unexpended interest or income earned from political contributions.☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.**B. ASSETS**

Check only one:

☒ I do not retain assets purchased with political contributions or interest or other income from political contributions.☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.
Signature of Candidate**5 OFFICEHOLDER**

.. Complete this section only if you are an officeholder ..

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file._____
Signature of Officeholder

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
A 11:11

FORM C/OH

COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI			OFFICE USE ONLY	
	NICKNAME LAST SUFFIX				
4 CANDIDATE / OFFICEHOLDER ADDRESS		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			Date Received
<input type="checkbox"/> Change of Address		131 Sheila Dr., San Antonio, TX. 78209			
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI			Date Hand-delivered or Date Postmarked	
	NICKNAME LAST SUFFIX			Receipt # Amount Date Processed Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
7 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION			
8 REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)			
9 PERIOD COVERED		Month Day Year THROUGH Month Day Year 4 / 26 / 01 7 / 16 / 01			
10 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 5 / 5 / 01			
11 OFFICE		OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS		City Council District 10			
** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code <input type="checkbox"/> additional pages					

GO TO PAGE 2



CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH

 RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

COVER SHEET PG 2

14 C/OH NAME

William F. Davidson

2001 JUL 16

15 ACCOUNT # (Ethics Commission filers)

A 11:12

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 350.00

EXPENDITURE
TOTALS

3. Reimbursement from personal loan campaign

\$ 325.00

4. TOTAL POLITICAL EXPENDITURES

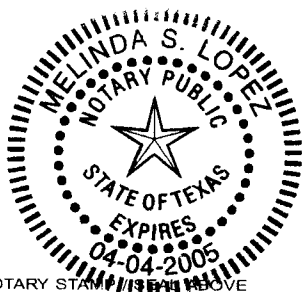
\$ 608.00

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



AFFIX NOTARY STAMP HERE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said William Davidson, this the 16th day of July, 20 01, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Melinda S. Lopez

Printed name of officer administering oath

Notary

Title of officer administering oath



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS CCH-COH-SS, SC-COH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1. Total pages (this Schedule A1): **12**

2 FILER NAME

WILLIAM FIELD DAVIDSON

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/2/01

5 Full name of contributor

☐ out-of-state PAC (ID#)

Mark Forter

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**1403 W. Sixth St.
Austin, TX. 78703**

9 Principal occupation (Optional)

Attorney

10 Employer (Optional)

Date

5/4/01

Full name of contributor

☐ out-of-state PAC (ID#)

Glenn Hoffman

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**8011 Chestnut Gate
Converse, TX. 78109-3108**

Principal occupation (Optional)

Employer (Optional)

Date

5/7/01

Full name of contributor

☐ out-of-state PAC (ID#)

Dora Die

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**419 Natalia Ave.
San Antonio, TX. 78209**

Principal occupation (Optional)

Employer (Optional)

Date

5/22/01

Full name of contributor

☐ out-of-state PAC (ID#)

WILLIAM F. DAVIDSON (Reimbursement from loan to campaign)

Amount of contribution (\$)

reimbursement (\$325.00)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

2001 JUL 15

1 Total pages Schedule F:

2 FILER NAME

WILLIAM F. DAVIDSON

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/1/01

5 Payee name

KULR

7 Amount (\$)

608.00

6 Payee address; City; State; Zip Code

9601 McAllister Freeway, Suite 1200
San Antonio, TX 78216

8 Purpose of payment (See instructions regarding type of information required.)

Advertising

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2001 APR 26 A.M. 4:40

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNTING
(Ethics Commission rules)

2 Total pages filed:

7

OFFICE USE ONLY

Date Received

Receipt #

HD / PM

Amount

Date Processed

Date Imaged

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE

FIRST

William

MI

F

NICKNAME

LAST

Davidson

SUFFIX

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

131 Sheila Dr., San Antonio, TX. 78209

☐ Change of Address

5 CAMPAIGN
TREASURER
NAME

TITLE

FIRST

Sandra

MI

W.

NICKNAME

LAST

Due

SUFFIX

6 CAMPAIGN
TREASURER
ADDRESS

(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

131 Sheila Dr., San Antonio, TX. 78209

7 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 826-1962

8 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign treasurer appointment (officeholder only)

☐

July 15

☒

8th day before election

☐

Exceeded \$500 limit

☐

Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month

Day

Year

3 / 27 / 01

THROUGH

Month

Day

Year

4 / 25 / 01

10 ELECTION

ELECTION DATE

Month

Day

Year

5 / 5 / 01

ELECTION TYPE

☐

Primary

☐

Runoff

☒

General

☐

Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

City Council District 10

13 DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

WILLIAM F. DAVIDSON

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

(Ethics Commission filers)

16 SUPPORTING
POLITICAL
COMMITTEE(S)

•• This listing includes political expenditures by political committees to support the candidate or officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 100.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

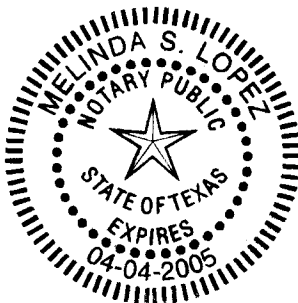
4. TOTAL POLITICAL EXPENDITURES

\$ 6,135.00

OUTSTANDING
LOAN TOTALS5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 18,135.00

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

William F. Davidson

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said William F. Davidson, this the 26th day of April

19 2001, to certify which, witness my hand and seal of office.

Melinda S. Lopez

Signature of officer administering oath

Melinda S. Lopez

Print name of officer administering oath

Notary

Title of officer administering oath

SCHEDULE A

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

WILLIAM FIELD DAVIDSON

2001 APR 26 ACCOUNT # 411

ACCOUNT # (Ethics Commission filers)

	In-kind contribution description(if applicable)
--	--

4/18/01

Dora Logue

6 Contributor address; City; State: Zip Code

203 St. Martins Rd.
Baltimore, MD. 21218

100.00

Doctor, M. D.

10 Employer (optional)

In-kind contribution description(if applicable)	Value	Date	Source	Use	Beneficiary	Comments

Contributor address: City: State: Zip Code

Principal occupation

Employer (optional)

In-kind contribution
description(if applicable)

Contributor address: City: State: Zip Code

Principal occupation

Employer (optional)

In-kind contribution
description(if applicable)

Contributor address: City: State: Zip Code

Principal occupation

Employer (optional)

In-kind contribution
description(if applicable)

Contributor address: City: State: Zip Code

Principal occupation

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

Schedule E:

2 FILER NAME

WILLIAM FIELD DAVIDSON

2001 APR 26 3 A

ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

3/27/01

7 Name of lender

WILLIAM F. DAVIDSON
(Loan from personal funds)☐ out of state PAC

9 Loan Amount (\$)

6,135.00

6 Is lender a financial institution?

Y

(N)

8 Lender address: City: State: Zip Code

131 Sheila Dr.

San Antonio, TX 78209

10 Interest rate

11 Maturity date

12 Description of Collateral

☒ none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

☒ not applicable

15 Guarantor address: City: State: Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

☐ out of state PAC

Loan Amount (\$)

Is lender a financial institution?

Y

N

Lender address: City: State: Zip Code

Interest rate

Maturity date

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address: City: State: Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

1. Attach pages Schedule F: 3

2 FILER NAME

WILLIAM FIELD DAVIDSON

2001 APR 26

3A ACCOUNT # (Ethics Commission filers) 44

4 Date

3/28/01

5 Payee name

Alamo Photo Labs

7 Amount (\$)

12.89

6 Payee address: City: State: Zip Code

3814 Broadway
San Antonio, TX. 78209

8 Purpose of expenditure

Campaign Literature Photo

9 Complete if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought / held

Date

3/29/01

Payee name

Delivery & Communications, Inc.

Amount (\$)

604.68

Payee address: City: State: Zip Code

4310 Tejasco Rd.
San Antonio, TX. 78218-5240

Purpose of expenditure

Flyer Delivery

Complete if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought / held

Date

3/30/01

Payee name

Election Support Services, Inc.

Amount (\$)

30.94

Payee address: City: State: Zip Code

4958 Military Dr. West
San Antonio, TX. 78242

Purpose of expenditure

Walk List

Complete if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought / held

Date

3/30/01

Payee name

Regal Plastics

Amount (\$)

53.94

Payee address: City: State: Zip Code

4041 Rittiman Rd.
San Antonio, TX. 78218-0810

Purpose of expenditure

Complete if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

Total pages Schedule F:

3

2 FILER NAME

WILLIAM FIELD DAVIDSON

2001 APR 26 A 11:44

ACCOUNT # (Ethics Commission filers)

4 Date

4/4/01

5 Payee name

Delivery & Communications, Inc.

6 Payee address: City: State: Zip Code

4310 Tejasco Rd.
San Antonio, TX. 78218-5240

7 Amount (\$)

2,040.90

8 Purpose of expenditure

Flyer Delivery

9 Complete if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought / held

Date

4/5/01

Payee name

City of San Antonio

Payee address: City: State: Zip Code

PO Box 839975
San Antonio, TX. 78283-3975

Amount (\$)

10.24

Purpose of expenditure

Purchase of Charter

Complete if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought / held

Date

4/9/01

Payee name

KLUP

Payee address: City: State: Zip Code

9601 McAllister Freeway, Suite 1200
San Antonio, TX. 78216

Amount (\$)

1,440.00

Purpose of expenditure

Advertising

Complete if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought / held

Date

4/17/01

Payee name

Kin Kor

Payee address: City: State: Zip Code

1275 N.E. Loop 410
San Antonio, TX. 78209

Amount (\$)

41.42

Purpose of expenditure

Campaign Material Printing

Complete if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

Total pages Schedule F:

3

2 FILER NAME

WILLIAM FIELD DAVIDSON

ACCOUNT # (Ethics Commission filers)

40

4 Date

5 Payee name

7 Amount (\$)

4/18/01

KSLR

6 Payee address: City: State: Zip Code

9601 McAllister Freeway, Suite 1200
San Antonio, TX 78216

1,900.00

8 Purpose of expenditure

Advertising

9 Complete if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

Purpose of expenditure

Complete if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

Purpose of expenditure

Complete if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

Purpose of expenditure

Complete if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

39-77

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
William F.
NICKNAME LAST SUFFIX
Davidson

OFFICE USE ONLY

Date Received

RECEIVED
CITY CLERK
CITY OF SAN ANTONIO
APR - 5 A 10:41

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
131 Sheila Dr., San Antonio, TX 78209

☐ Change of Address

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
Sandra W.
NICKNAME LAST SUFFIX
Due

Receipt #

RD / PM

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
131 Sheila Dr., San Antonio, TX 78209

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(210) 826-1962

8 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year Month Day Year
2 / 23 / 01 THROUGH 3 / 26 / 01

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
5 / 5 / 01 ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

City Council District 10

13 DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

89-77

14 C/OH NAME

WILLIAM F. DAVIDSON

15 ACCOUNT # (Ethics Commission files)

16 SUPPORTING
POLITICAL
COMMITTEE(S)

** This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2001 APR -5 A 10:34

17 NO REPORTABLE
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 725.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 11,994.92

OUTSTANDING
LOAN TOTALS5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 12,000.00

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



William F. Davidson

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said William F. Davidson this the 5th day of April, 2001, to certify which, witness my hand and seal of office.

Melissa Arevalo

Signature of officer administering oath

Melissa Arevalo

Print name of officer administering oath

Notary Public

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A: 2

2 FILER NAME

William Field Davidson

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/22/01

5 Full name of contributor

Ellis Harbin

☐ out of state PAC7 Amount of
contribution (\$)8 In-kind contribution
description(if applicable)

6 Contributor address: City: State: Zip Code

15114 Mule Tree
San Antonio, TX 78232

9 Principal occupation

School Administrator

10 Employer (optional)

Date

Full name of contributor

☐ out of state PACAmount of
contribution (\$)In-kind contribution
description(if applicable)

Contributor address: City: State: Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor

☐ out of state PACAmount of
contribution (\$)In-kind contribution
description(if applicable)

Contributor address: City: State: Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor

☐ out of state PACAmount of
contribution (\$)In-kind contribution
description(if applicable)

Contributor address: City: State: Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor

☐ out of state PACAmount of
contribution (\$)In-kind contribution
description(if applicable)

Contributor address: City: State: Zip Code

Principal occupation

Employer (optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS**SCHEDULE B**

30-77

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:

2

2 FILER NAME

William Field Davidson

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:

\$

5 Date

6 Full name of pledgor

☐ out of state PAC8 Amount of
pledge (\$)9 In-kind description
(if applicable)

2/28/01

William Due

7 Pledgor address: City: State: Zip Code

131 Sheila Dr., San Antonio, TX 78209 \$50.00

10 Principal occupation

Retired Aviator

11 Employer (optional)

Date

Full name of pledgor

☐ out of state PACAmount of
pledge (\$)In-kind description
(if applicable)

3/1/01

Dora Due

Pledgor address: City: State: Zip Code

419 Natalen Ave., San Antonio, TX
78209

\$200.00

Principal occupation

Retired - Sales

Employer (optional)

Date

Full name of pledgor

☐ out of state PACAmount of
pledge (\$)In-kind description
(if applicable)

2/27/01

Warren Branch

Pledgor address: City: State: Zip Code

134 Brittany, San Antonio, TX 78212 \$200.00

Principal occupation

Dentist

Employer (optional)

Date

Full name of pledgor

☐ out of state PACAmount of
pledge (\$)In-kind description
(if applicable)

3/13/01

David Forester

Pledgor address: City: State: Zip
Code

722 Crestwood, Richland, VA 26461 \$100.00

Principal occupation

Medical Doctor

Employer (optional)

Date

Full name of pledgor

☐ out of state PACAmount of
pledge (\$)In-kind description
(if applicable)

3/19/01

Ruben Molina, Jr.

Pledgor address: City: State: Zip
Code

13727 Oak Pebble, San Antonio, TX 78232 \$125.00

Principal occupation

Civil Service

Employer (optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS**SCHEDULE E**

30-77

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E.

1

2 FILER NAME

William Field Davidson

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$ 12,000.00

5 Date of loan

3/13/01

7 Name of lender

William F. Davidson

☐ out of state PAC

(Loan from personal funds)

9 Loan Amount (\$)

\$12,000.00

6 Is lender a financial institution?

Y

(N)

8 Lender address: City: State: Zip Code

131 Sheila Dr.

San Antonio, TX 78209

10 Interest rate

11 Maturity date

12 Description of Collateral

☒ none

13 GUARANTOR INFORMATION

☒ not applicable

14 Name of guarantor

15 Guarantor address: City: State: Zip Code

16 Amount Guaranteed (\$)

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2001 APR -5 A 10:12

17 Principal Occupation

18 Employer

Date of loan

Name of lender

☐ out of state PAC

Loan Amount (\$)

Is lender a financial institution?

Y

N

Lender address: City: State: Zip Code

Interest rate

Maturity date

Description of Collateral

☐ none

GUARANTOR INFORMATION

☐ not applicable

Name of guarantor

Guarantor address: City: State: Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

5

2 FILER NAME

William Field Davidson

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/23/01

5 Payee name

City Clerk

7 Amount
(\$)

6 Payee address: City: State: Zip Code

P.O. Box 839966, San Antonio, TX 78283

\$10.00

8 Purpose of expenditure

Campaign Packet

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

2/25/01

Payee name

City Clerk

Payee address: City: State: Zip Code

P.O. Box 839966, San Antonio, TX 78283

Purpose of expenditure

Filing Fee

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

2/27/01

Payee name

City of San Antonio

Payee address: City: State: Zip Code

P.O. Box 839966, San Antonio, TX 78283

Amount
(\$)

\$ 5.39

Purpose of expenditure

Precinct Maps

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

3/5/01

Payee name

Bexar County Clerk

Payee address: City: State: Zip Code

203 W. Nueva #301, San Antonio, TX 78207

Amount
(\$)

\$ 94.10

Purpose of expenditure

Voter's List

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:
5

2 FILER NAME

William Field Davidson

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/6/01

5 Payee name

Alpha Omega Arts

7 Amount
(\$)

6 Payee address: City: State: Zip Code

1744 S.H. 97 E., Floresville, TX 78114

\$443.82

8 Purpose of expenditure

Political Sign Ads

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

3/8/01

Payee name

Kinkos Copies

Payee address: City: State: Zip Code

1275 N.E. Loop 410, San Antonio, TX 78209

Amount

74.00

Purpose of expenditure

Copies of Flyers

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

3/10/01

Payee name

A-I Laminating

Payee address: City: State: Zip Code

2015 McCullough, San Antonio, TX 78212

Amount
(\$)

\$20.50

Purpose of expenditure

Stamp

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

2/25/01

Payee name

Yahoo

Payee address: City: State: Zip Code

3420 Central Expressway, Santa Clara, CA 95051

Amount
(\$)

\$35.00

Purpose of expenditure

Domain Name

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

5

2 FILER NAME

William Field Davidson

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/13/01

5 Payee name

San Antonio Express News

7 Amount (\$)

6 Payee address: City: State: Zip Code

420 Broadway, San Antonio, TX 78205

\$394.92

8 Purpose of expenditure

Political Newspaper Ad

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought / held

Date

3/13/01

Payee name

A-I Product Distribution, Inc.

Payee address: City: State: Zip Code

2015 McCullough, San Antonio, TX 78212

Amount (\$)

\$ 8.47

Purpose of expenditure

Name Tag

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought / held

Date

3/13/01

Payee name

My San Antonio.com

Payee address: City: State: Zip Code

P.O. Box 1121, San Antonio, TX 78294

Amount (\$)

\$400.00

Purpose of expenditure

on-line ad

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought / held

Date

3/15/01

Payee name

Buitron and Associates

Payee address: City: State: Zip Code

2810 Thousand Oaks, Suite 209, San Antonio, TX 78232

Amount (\$)

\$500.00

Purpose of expenditure

Political Consulting

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought / held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION Guide explains how to complete this form.

1 Total pages Schedule F:

5

2 FILER NAME

William Field Davidson

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/22/01

5 Payee name

Election Support Services, Inc.

7 Amount (\$)

6 Payee address: City: State: Zip Code

4958 Military Dr. West, San Antonio, TX 78242

\$3,965.44

8 Purpose of expenditure

Direct Mailing of Campaign literature

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

3/22/01

Payee name

San Antonio Express-News

Payee address: City: State: Zip Code

420 Broadway, San Antonio, TX 78205

\$330.96

Purpose of expenditure

Political Newspaper Ad

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

3/15/01

Payee name

Eller Media Company

Payee address: City: State: Zip Code

3714 N. Pan Am Expressway, San Antonio, TX 78219

Amount (\$)

\$4,121.10

Purpose of expenditure

Political Ads

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

3/22/01

Payee name

Mungia Printers, Inc.

Payee address: City: State: Zip Code

2201 Buena Vista St., San Antonio, TX 78207

Amount (\$)

\$1,136.01

Purpose of expenditure

Printing of Campaign Literature

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 5
2 FILER NAME William Field Davidson		3 ACCOUNT # (Ethics Commission filers)
4 Date 3/16/01	5 Payee name Election Support Services, Inc. 6 Payee address: City: State: Zip Code 4958 Military Dr. West, San Antonio, TX 78242	7 Amount (\$) \$355.21
8 Purpose of expenditure voter lists		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

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